| PATENT APPLICATION FEE DETERMINATION RECO  |   |   |                  |                      |                               |  |               | Application or Docket Number |                        |                |                     |                        |  |
|--|---|---|------------------|----------------------|-------------------------------|--|---------------|------------------------------|------------------------|----------------|---------------------|------------------------|--|
|  |   |   |                  |                      |                               |  |               | RD / ,                       |                        |                |                     |                        |  |
| Effective October 1, 2000  |   |   |                  |                      |                               |  |               | 0                            | 116415                 | \ <sub>0</sub> | 16741               | 0820                   |  |
| CLAIMS AS FILED - PART I   |   |   |                  |                      |                               |  |               | SMALL ENTITY                 |                        |                | OTHER               | THAN                   |  |
|  |   |   | (Column          | 1)                   | (Column 2)                    |  |               | TYPE                         |                        | OR             | SMALL               |                        |  |
| TOTAL CLAIMS   |   |   | 13               |                      |                               |  | F             | RATE                         | FEE                    |                | RATE                | FEE                    |  |
| FOR  |   |   | NUMBER FILED     |                      | NUMBER EXTRA                  |  | ВА            | SIC FEE                      | 355.00                 | OR             | BASIC FEE           | 710.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |   |   | 13 minus 20=     |                      | . 6                           |  | X\$ 9=        |                              |                        | OR             | X\$18=              | _                      |  |
| INDEPENDENT CLAIMS   |   |   | 3 minus 3 =      |                      | * &                           |  | X40=          |                              |                        | OR             | X80=                |                        |  |
| ΜU   | LTIPLE DEPEN                                | DENT CLAIM PI                             | RESENT           |                      |                               |  | +135=         |                              |                        | OR             | +270=               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |   |   |                  |                      |                               | olumn 2                                      |               | OTAL                         |                        | OR             | TOTAL               | 710                    |  |
| CLAIMS AS AMENDED - PART II  |   |   |                  |                      |                               |  |               |                              | <u> </u>               |                | OTHER               |                        |  |
|  |   | (Column 1)                                |                  | (Colu                | mn 2)                         | (Column 3)                                   |               | SMALL ENTITY                 |                        | OR             | SMALL               | ENTITY                 |  |
| AMENDMENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | NUM<br>PREVI         | HEST<br>1BER<br>OUSLY<br>FOR  | PRESENT<br>EXTRA                             | F             | RATE                         | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total                                       | *   | Minus            | **                   |                               | =  | ×             | (\$ 9≃                       |                        | OR             | X\$18=              |                        |  |
|  | Independent                                 | *   | Minus            | ***                  |                               | =  | )             | <40=                         |                        | OR             | X80=                | _                      |  |
| _  | FIRST PRESENTATION OF MI                    |   | ULTIPLE DEPENDEN |                      | T CLAIM                       |  |               | <br>135=                     |                        | OR             | +270=               |                        |  |
|  |   |   |                  |                      |                               |  | L             | TOTAL                        |                        |                | TOTAL               |                        |  |
|  |   |   |                  |                      | •                             | 0) (0-1, 0)                                  |               | OIT. FEE                     |                        | OR             | ADDIT. FEE          | L                      |  |
| _  |   | (Column 1)<br>CLAIMS                      |                  |                      | mn 2)<br>HEST                 |  |               |                              | ADDI-                  | 1 1            |                     | ADDI-                  |  |
| AMENDMENT B  |   | REMAINING<br>AFTER<br>AMENDMENT           |                  | PREVI                | MBER<br>OUSLY<br>FOR          | PRESENT<br>EXTRA                             | F             | RATE                         | TIONAL<br>FEE          |                | RATE                | TIONAL<br>FEE          |  |
|  | Total                                       | *   | Minus            | **                   |                               | =  | ]   ×         | (\$ 9=                       |                        | OR             | X\$18=              |                        |  |
|  | Independent                                 | *   | Minus            | ***                  |                               | <u>                                     </u> |               | <40≈                         |                        | OR             | X80=                |                        |  |
|  | FIRST PRESE                                 | NTATION OF M                              | ULTIPLE DEF      | PENDEN               | T CLAIM                       |  | ]  -          | 135=                         |                        | OR             | +270=               |                        |  |
|  |   |   |                  |                      |                               |  | 400           | TOTAL<br>DIT. FEE            |                        | OR             | TOTAL<br>ADDIT. FEE |                        |  |
|  | (Column 1) (Column 2) (Column 3             |   |                  |                      |                               |  |               | JII. FEE                     | <u> </u>               | •              | ADDIT. PEE          | ·····                  |  |
| AMENDMENT C  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGI<br>NUN<br>PREVI | HEST<br>MBER<br>IOUSLY<br>FOR | PRESENT<br>EXTRA                             | ] [           | RATE                         | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total                                       | *   | Minus            | **                   |                               | =  | $\frac{1}{x}$ | (\$ 9=                       |                        | OR             | X\$18=              |                        |  |
|  | Independent                                 | *   | Minus            | ***                  |                               | =  | 1             | (40=                         |                        | 1              | X80=                |                        |  |
| Ā  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CL |   |                  |                      |                               |  | ]             | \4∪≃                         |                        | OR             |                     |                        |  |
| +135=  |   |   |                  |                      |                               |  |               |                              |                        | OR             | +270=               |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  OR  TOTAL ADDIT. FEE |   |   |                  |                      |                               |  |               |                              |                        |                |                     |                        |  |
|  | 'If the "Highest Nu<br>The "Highest Nun     |   |                  |                      |                               |  |               |                              | propriate bo           |                |                     |                        |  |